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<b>POWER OF ATTORNEY OR REVOCATION OF POWER OF ATTORNEY WITH A NEW POWER OF ATTORNEY AND CHANGE OF CORRESPONDENCE ADDRESS</b>	<b>Application Number</b>	10/812,837-Conf. #3121
	<b>Filing Date</b>	March 30, 2004
	<b>First Named Inventor</b>	David G. Malone
	<b>Title</b>	DEVICES AND METHODS FOR FACILITATING CONTROLLED BONE
	<b>Art Unit</b>	3738
	<b>Examiner Name</b>	A. J. Steward
	<b>Attorney Docket No.</b>	101896-1089 (DEP6244USNP)

I hereby revoke all previous powers of attorney given in the above-identified application.

☐ A Power of Attorney is submitted herewith.  
OR

☒ I hereby appoint Practitioner(s) associated with the following Customer Number as my/our attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the United States Patent and Trademark Office connected therewith:

21125

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Practitioner(s) Name	Registration Number	Practitioner(s) Name	Registration Number

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I am the:

☐ Applicant/Inventor.  
OR

☒ Assignee of record of the entire interest. See 37 CFR 3.71.

Statement under 37 CFR 3.73(b) (Form PTO/SB/96) submitted herewith or filed on \_\_\_\_\_

**SIGNATURE of Applicant or Assignee of Record**

Signature	<i>Thomas M. DiMauro</i>	Date	September 8, 2009
Name	Thomas M. DiMauro	Telephone	508-488-8833
Title and Company	Assistant Secretary		

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below\*.

☐ \*Total of 1 forms are submitted.
**POA or Authorization of Agent**

I hereby certify that this paper (along with any paper referred to as being attached or enclosed) is being transmitted via the Office electronic filing system in accordance with § 1.6(a)(4).

Dated: September 8, 2009

Signature: *Lisa Adams* (Lisa Adams)